

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY DUE DATE:						
1a. CONTACT PERSON FOR THIS ORDER Mark Shuttlesworth				2a. CONTACT PHONE NUMBER (310) 625-1757			3. CONTACT EMAIL ADDRESS mshuttlesworth@cov.com								
1b. ATTORNEY NAME (if different) Ashley Simonsen				2b. ATTORNEY PHONE NUMBER (424) 332-4782			3. ATTORNEY EMAIL ADDRESS asimonsen@cov.com								
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Covington & Burling, LLP 1999 Avenue of the Stars, Suite 3500 Los Angeles, CA 90067				5. CASE NAME In re Social Media Adolescent Addiction					6. CASE NUMBER 4:22-md-03047						
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Summer Fisher				8. THIS TRANSCRIPT ORDER IS FOR: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL </div> <div> <input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL </div> <div> <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) CJA: <u>Do not use this form; use Form CJA24.</u> </div> </div>											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION <small>If requesting less than full hearing, specify portion (e.g. witness or time)</small>	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
08/30/2024	YGR	Conf		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). 11. SIGNATURE /s/ Ashley Simonsen											12. DATE 09/05/2024				

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